


## CERTIFIED CONTRACTOR APPLICATION

	<b>ENERGY AND ENVIRONMENT CABINET, DIVISION OF WASTE MANAGEMENT</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT SUPERFUND BRANCH METH LAB CONTRACTOR REGISTRATION 200 FAIR OAKS, 2<sup>ND</sup> FLOOR FRANKFORT, KY 40601 (502) 564-6716 FAX (502) 564-2704 <a href="http://www.waste.ky.gov/branches/sf/">http://www.waste.ky.gov/branches/sf/</a></b>	<b>FOR STATE USE ONLY:</b>
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### GENERAL INFORMATION

**To be registered by the Superfund Branch in the Division of Waste Management and placed on a list of current certified contractors to perform decontamination services for identified methamphetamine contaminated properties, contractors shall complete and submit this registration form pursuant to KRS 224.01-410.**

### REGISTRANT INFORMATION

CONTRACTOR NAME:

CONTACT PERSON:

CONTRACTOR MAILING ADDRESS

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

### FINANCIAL ASSURANCE INFORMATION

FINANCIAL INSTITUTION

FINANCIAL INSTRUMENT NUMBER

AMOUNT

EFFECTIVE DATE

FINANCIAL INSTITUTION ADDRESS

PHONE NUMBER

INSURANCE COMPANY

POLICY NUMBER

AMOUNT

EFFECTIVE DATE/  
EXPIRATION DATE

INSURANCE COMPANY ADDRESS

PHONE NUMBER

**Applicants shall provide within thirty (30) days any change in address, phone number, or other information submitted in this registration. If the applicant wishes to be removed from this registration listing for the purpose of performing decontamination services, the applicant shall submit a request to the cabinet to terminate their certification pursuant to 401 KAR 101:010, Section 6.**

## REQUIRED INFORMATION

The applicant shall post financial assurance in the amount of \$100,000 or \$250,000, as applicable. Provide an original surety bond (DEP6079B) or irrecoverable letter of credit (DEP6079C) or escrow agreement (DEP6079E) or financial self test (DEP6079F) or corporate guarantee (DEP6079G) along with a performance agreement (DEP6079D) without additions, deletions, or alterations of the language. If mistakes are made, please strike through and initial.

The applicant shall provide a certificate of liability insurance issued by an insurance company licensed to do business in Kentucky certifying that the applicant has a public liability insurance policy in an amount of at least \$250,000.00 for personal or property damage that may occur to third parties arising from the performance of decontamination services for inhabitable properties by the contractor as his or her employee or agents. In the event the insurance policy lapses, the applicant shall provide a suitable replacement policy, naming the Cabinet as the certificate holder, prior to the expiration of the existing policy.

The applicant shall certify that decontamination shall be performed safely and in accordance with [803 KAR 2:403](#). Provide a Statement of Qualifications (SOQ) - Current training certificates that are applicable to this type of decontamination activity. At a minimum, you or your company shall have individuals that are and have:

(a) Occupational Safety and Health Administration ([OSHA](#)) 40-hour HAZWOPER Training: - This course meets the training requirements of the HAZWOPER regulation, KyOSH considers employers whose employees perform decontamination or cleanup work of former illegal methamphetamine laboratories to fall under the scope of the HAZWOPER standard. This determination is supported by the provisions of 29 C.F.R. 1926.65(a)(1) and (a)(1)(iii).

The applicant must certify that decontamination of inhabitable properties will be conducted in accordance with [KRS 224.01-410](#). The decontamination standard for methamphetamine inside inhabitable property is less than or equal to one-tenth of one (0.1) microgram of methamphetamine per one hundred (100) square centimeters of surface material, unless the cabinet promulgates an administrative regulation providing for a different standard. The cabinet may provide for other standards by administrative regulations as follows: (a) Standards for precursors to methamphetamine that are consistent with the standard for methamphetamine or standards for related hazardous material or hazardous waste; and (b) The number and locations of surface material samples to be collected based on the circumstances of the contamination and acceptable testing methods. In the absence of an administrative regulation as described, at least three (3) samples must be collected from the surface material most likely to be contaminated at each property.

[Kentucky Cleanup Guidance for Methamphetamine Contaminated Properties, May 2009](#) shall be used in accordance with the performance of methamphetamine lab decontamination. The applicant shall submit one (1) copy of a *Contractor's Certificate of Decontamination (CCD)* (DEP5035) (Reference: Inhabitable Property Owner's Name & Address) to the Division of Waste Management, one (1) copy to the local health department, and at least one (1) copy to the property owner within sixty (60) days following remediation. The CCD shall contain a description of the decontamination activities conducted and include the following information at a minimum: latitude and longitude coordinates of the property, street address, map showing the affected structure(s), sample locations, disposal receipts for any contaminated building materials removed from the property, copies of analytical results from the samples, photographic evidence of the property condition before and after the decontamination service, and a certification statement that the cleanup conducted meets the decontamination standard in accordance with [KRS 224.01-410](#).

## REGISTRANT CERTIFICATION

**I HEARBY CERTIFY UNDER PENALTY OF THE LAW THAT I AM THE APPLICANT, AND I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS ARE TRUE AND CORRECT, AND IS SUBMITTED FOR THE PURPOSE OF BEING CERTIFIED TO PROVIDE DECONTAMINATION SERVICES.**

PRINT NAME OF CONTRACTOR:

SIGNATURE OF RESPONSIBLE OFFICIAL:

TITLE:

If you have questions on how to fill out this form or to request a review of your facility records, please contact the Superfund Branch at (502) 564-6716 or visit our Web site at:

<http://www.waste.ky.gov/branches/sf/>

DATE:

\*\* RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*